EXHIBIT 300   **UII 009-000001386**

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2009-06-30
Date of Last Change to Activities: 2012-07-23
Investment Auto Submission Date: 2012-02-24
Date of Last Investment Detail Update: 2012-02-24
Date of Last Exhibit 300A Update: 2012-07-23
Date of Last Revision: 2012-07-23

Agency: 009 - Department of Health and Human Services Prevention

Bureau: 20 - Centers for Disease Control and

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: CDC OID NCIRD Vaccine Tracking System (VTrckS)

2. Unique Investment Identifier (UII): 009-000001386

Section B: Investment Detail

1. **Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

    The Vaccine Tracking System (VTrckS) is a critical component of the Vaccine Management Business Improvement Project (VMBIP), an HHS initiative to improve current vaccine management processes around public purchased vaccine at the federal, state, and local levels. VTrckS will provide capabilities to allow the CDC to manage more than $4 billion of vaccines associated with the Vaccines for Children (VFC) and Section 317 grantee funded programs. VTrckS is an enterprise system used to track federally contracted vaccine orders between manufacturers, distributor, and health care providers. VTrckS pilot implementation began in December 2010 with four pilot sites. After go-live, pilot grantees and internal users provided significant feedback for the need for enhancements and optimizations before further scale up of the system. These optimizations will be released to the pilot grantees in Feb 2012. Further rollout to the non-pilot grantees will begin in April 2012 with rollout completion in June 2013. As a Web-based system for provider ordering and automated approvals, it will improve operational efficiencies and internal controls. VTrckS is a comprehensive IT solution that eliminates current legacy system limitations, provides a scalable platform and improves vaccine management. The system allows providers to order directly from the Internet, improve internal controls, significantly reduce manual processes, and provide transparency into provider usage patterns improving data analysis capability. This near real-time inventory

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visibility improves preparedness and allows for a greater focus on public health.

2. **How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

   The lack of timely, accurate information impacts CDC's ability to respond to matters of public health. Without VTrckS, the level of command and control allowing rapid and effective response to special vaccine related situations, including a supply chain disruption (e.g. manufacturing shortage), national emergency (e.g. epidemic requiring rapid vaccine transfers), new vaccine release, or widespread crisis events (e.g. pandemic similar to the H1N1 event of 2009-2010) is severely limited. VTrckS supports CDC's management of the publicly funded vaccine supply chain by providing near real-time data used to assess grantee and provider ordering patterns and accountability efforts. This investment improves allocation, management, and distribution of public-sector vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) as essential for the health of our nation's most vulnerable children, adolescents, and adults. Additionally, administrative burdens for grantee staff are significantly reduced with VTrckS applications by providing real-time inventory visibility, formulary management, security management, and direct provider vaccine ordering capability. The VTrckS investment should allow vital and limited grantee resources to focus on primary public health activities and improve immunization coverage levels of the pediatric population. Without full funding, CDC would have to revert to "home-grown" legacy systems that were not designed for the current, much less the future, order volumes, and for which there is a scarcity of system support personnel. Due to the lack of integration, the legacy systems and support staff are impaired by manual processes impacting internal control over budgets, contracts, and order accuracy. Additionally, the distributor and the manufacturers have already converted their systems and new interfaces would be required to re-integrate with the legacy systems. Thus for reasons of risk management and vaccine delivery efficiency, especially evident during a public health event requiring inventory allocation and reassignment decisions, the VTrckS enterprise resource planning solution is best-suited for vaccine management supporting HHS' Strategic Plan; Goal 4 (Increase Efficiency, Transparency, and Accountability of HHS Programs) and Goal 5 (Strengthen the Nation's Health and Human Service Infrastructure and Workforce).

3. **Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.**

   The project gained the following accomplishments: a) The four pilot grantees successfully replaced the legacy VACMAN and VOFA systems with VtrckS which includes integrated vaccine ordering and inventory management. b) Colorado replaced paper order forms at almost half of their providers with on-line ordering and will provide on-line access to all providers by the close of the   calendar year.   c) Washington and Michigan have integrated VTrckS with their immunization registries, thus enabling providers with a centralized portal to order vaccines and collect   immunization information. d) All of the bulk vaccine replenishment vaccine orders transitioned to VtrckS with the deployment of the VTrckS solution in December 2010. e) CDC replaced the legacy NIPVAC system as the back-end solution to manage federally funded vaccines, including the approval and processing of orders for   shipment and payment. f) Processed more than 2 million orders within

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VTrckS.

4. **Provide a list of planned accomplishments for current year (CY) and budget year (BY).**

There are several activities on the horizon for the VTrckS team to either complete or start in the next fiscal year. In February 2012, the team will release VTrckS 2.0. This release is to include key, prioritized VTrckS enhancements and optimizations required to effectively deploy VTrckS to the remaining grantee population. The optimizations and enhancements will help VTrckS run in a more efficient manner, allow more grantees to start using the system, CDC users to effectively support the grantee population, and all end users be more productive with VTrckS.   The optimizations and enhancements were prioritized based on a set of key program attributes associated with impact and effort with critical and high priority enhancements to be delivered as part of Release 2.0. Spend Plan functionality, a grantee generated projection of monthly aggregate provider vaccine demand by funding source and by National Drug Code (NDC), will be deployed to all grantees (pilot and non-pilot) starting in April 2012 with completion scheduled for September 2012.   CDC uses spend plans to estimate funds to be obligated to the manufacturer vaccine contracts, to determine how to fund vaccine inventory replenishment orders (VFC versus Section 317 funds), and to evaluate actual provider orders relative to the planned monthly and annual spending for each vaccine. Spend Plan implementation will replace the final legacy Vaccine Order & Forecast (VOFA) functionality being used by non-pilot grantees, and the transition of the remaining grantees. Finally, the deployment of the enhanced VTrckS functionality to remaining non-pilot grantees will commence in the third quarter of FY 2012. Grantees will transition onto VTrckS in cohorts until all remaining grantees are using VTrckS with a targeted roll-out completion of June 2013. To ensure success, the grantees will be prepared for transition to VTrckS via a series of relevant modules and manuals and training activities, starting approximately 12 weeks prior to their VTrckS go-live date. CDC implementation teams will work with grantees during their transition. Additionally for FY 2013 and after completion of the grantee roll-out, an objective assessment will determine what further optimizations and enhancements should be included in a Release 3.0 to fully leverage the efficiencies of the VTrckS solution.

5. **Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.**

2008-07-18

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Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding				
	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	$0.9	$0.0	$0.0	$0.0
DME (Excluding Planning) Costs:	$57.2	$10.8	$8.7	$4.6
DME (Including Planning) Govt. FTEs:	$0.6	$0.7	$0.4	$0.4
Sub-Total DME (Including Govt. FTE):	$58.7	$11.5	$9.1	$5.0
O & M Costs:	$0.0	$6.7	$15.0	$10.6
O & M Govt. FTEs:	$0.0	$0.2	$1.0	$1.0
Sub-Total O & M Costs (Including Govt. FTE):	0	$6.9	$16.0	$11.6
Total Cost (Including Govt. FTE):	$58.7	$18.4	$25.1	$16.6
Total Govt. FTE costs:	$0.6	$0.9	$1.4	$1.4
# of FTE rep by costs:	9	5	10	10

Total change from prior year final President's Budget ($)		$6.1	$0.0	
Total change from prior year final President's Budget (%)		49.45%	0.00%	

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2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

For FY11, the overall project cost was $18.295 M as compared to the original estimate of $12.242 M. However, there was no change in the FY2012 President's Budget request for PY or CY.

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Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy											
Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value ($M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	7523	HHSD2002011 F38559	HHSD2002008 M27886B	7523							
Awarded	7523	HHSD2002010 F36742	GS06F0319Z	4730							
Awarded	7523	HHSD2002011 38864C									
Awarded	7523	HHSD2002010 F34944	GS35F0131R	4730							
Awarded	7523	HHSD2002010 F36211	GS35F0131R	4730							
Awarded	7523	HHSD2002010 36785C									
Awarded	7523	HHSD2002011 M39700P									
Awarded	7523	HHSD2002010 F35402	GS35F0406V	4730							
Awarded	7523	HHSD2002012 42261C									

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

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Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-07-23

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost ($M)
284252	VTrckS - Release 2	Improve the user experience by reducing the number of order screens and clicks; provide a more robust reporting capability; and strengthen internal controls.			
285181	VTrckS - Functional Deployments	Rollout of the Spend Plan functionality as well as the vaccine ordering/management functionality to the non-pilot grantees.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities ($M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance ($M)	Cost Variance (%)	Total Planned Cost ($M)	Count of Activities
284252	VTrckS - Release 2							
285181	VTrckS - Functional Deployments							

Key Deliverables

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Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
284252	284252: Complete VTrckS Release 2.0 Requirements Analysis	High Level and detailed Requirements, Analysis, Review, and Approval. Determine that requirements are complete, accurate, consistent, and problem –free and Requirements Document is baselined. Complete HHS Enterprise Performance Life Cycle (EPLC) Requirements Stage Gate Review	2011-10-31	2011-10-31	2011-11-04	140	-4	-2.86%
284252	284252: Complete VTrckS Release 2.0 Design Phase	Develop high level and detailed design for Release 2.0 optimizations and enhancements. Complete HHS HHS Enterprise Performance Life Cycle (EPLC) Preliminary Design Stage Gate Review	2011-11-18	2011-11-18	2011-11-18	78	0	0.00%
284252	284252: Complete Release 2.0 Development and Testing Phases	Develop Release 2.0 functionalities and perform unit, integration, regression and user acceptance testing. Complete HHS EPLC Validation Readiness and Implementation Readiness Stage Gate Reviews	2012-01-31	2012-01-31	2012-01-23	152	8	5.26%
284252	284252: VTrckS	Complete application	2012-02-10	2012-02-10	2012-02-17	28	-7	-25.00%

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			Key Deliverables					
Project Name	**Activity Name**	**Description**	**Planned Completion Date**	**Projected Completion Date**	**Actual Completion Date**	**Duration (in days)**	**Schedule Variance (in days)**	**Schedule Variance (%)**
	Release 2.0 Go-Live Final Prep and Security Certification	security scans and receive Authority to Operate (ATO). Conduct master data conversion tasks. Analyze and prepare production environment for Release 2.0. Complete HHS Enterprise Performance Life Cycle (EPLC) Operational Readiness Stage Gate Review.						
285181	285181: Spend Plan Module Rollout Preparation	Prepare VTrckS solution for the Spend Plan module rollout and work with grantees for data transition from the legacy system Vaccine Ordering Forecast Application(VOFA)	2012-04-30	2012-04-30	2012-04-27	60	3	5.00%

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Section C: Operational Data

Table II.C.1 Performance Metrics								
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Percent of time the system is available for vaccine ordering	Percentage	Technology - Reliability and Availability	Over target	99.800000	99.800000	100.000000	99.800000	Monthly
Percent of providers placing vaccine orders directly or thru an ExIS into VTrckS	Percentage	Mission and Business Results - Management of Government Resources	Over target	1.000000	1.000000	1.000000	10.000000	Semi-Annual
Percent of VFC/Section 317 grantees using VTrckS for Spend Plan	Percentage	Customer Results - Customer Benefit	Over target	6.000000	6.000000	6.000000	100.000000	Semi-Annual
Percent of VFC/Section 317 grantees using VTrckS for vaccine orders	Percentage	Customer Results - Service Coverage	Over target	6.000000	6.000000	6.000000	30.000000	Semi-Annual
Percent of distributor and manufacturer business transactions processed electronically	Percentage	Process and Activities - Productivity	Over target	90.000000	90.000000	90.000000	92.000000	Quarterly
Percent of BDOCS successfully transacted within the SAP solution	Percentage	Technology - Information and Data	Over target	99.900000	99.900000	99.900000	99.900000	Monthly